

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective December 8, 2004

10/7/4 001

CLAIMS AS FILED - PART I

|                                  | (Column 1)   | (Column 2)               |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS                     |              |                          |
| FOR                              | NUMBER FILED | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | minus 20 =   | *                        |
| INDEPENDENT CLAIMS               | minus 3 =    | *                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |              | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

A. NE CLAIMS AS AMENDED - PART II

|   | (Column 1) | (Column 2)                       | (Column 3)                                       |
|---|------------|----------------------------------|--|
| AMENDMENT A   | 1/12/06    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR PRESENT EXTRA |
| Total   | 19         | Minus                            | ** 20 = —  |
| Independent   | 5          | Minus                            | *** 3 = 2  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |            |                                  |  |

| SMALL ENTITY TYPE | OR     | OTHER THAN SMALL ENTITY |
|-------------------|--------|-------------------------|
| RATE              | Fee    | Rate                    |
| BASIC FEE         | 150.00 | OR BASIC FEE 300.00     |
| X\$ 25=           |        | OR X\$50=               |
| X100=             |        | OR X200=                |
| +180=             |        | OR +360=                |
| TOTAL             |        | OR TOTAL                |

| SMALL ENTITY     | OR             | OTHER THAN SMALL ENTITY  |
|------------------|----------------|--------------------------|
| RATE             | ADDITIONAL FEE | RATE                     |
| X\$ 25=          |                | OR X\$50=                |
| X100=            |                | OR X200= 400.            |
| +180=            |                | OR +360=                 |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE 400. |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | Minus                            | **                                 | =             |
| Independent   | Minus                            | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| ADDITIONAL FEE   | RATE | ADDITIONAL FEE      | RATE |
|------------------|------|---------------------|------|
| X\$ 25=          |      | OR X\$50=           |      |
| X100=            |      | OR X200=            |      |
| +180=            |      | OR +360=            |      |
| TOTAL ADDIT. FEE |      | OR TOTAL ADDIT. FEE |      |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | Minus                            | **                                 | =             |
| Independent   | Minus                            | ***                                | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| ADDITIONAL FEE | RATE | ADDITIONAL FEE | RATE |
|----------------|------|----------------|------|
| X\$ 25=        |      | OR X\$50=      |      |
| X100=          |      | OR X200=       |      |
| +180=          |      | OR +360=       |      |